

ISSUE SLIP STAPLE AREA (for additional review or errors)

POSITION	INITIALS	ID NO.	DATE
PRI DETERMINATION			
CAFE CLASSIFIER			
FORMALITY REVIEW		10	1-29-01
RESPONSE FORMALITY REVIEW			02/20/01

INDEX OF CLAIMS

* ☐ Rejected
 * ☐ Allowed
 * ☐ (Through summary) Closed
 * ☐ Rejected
 * ☐ M
 * ☐ A
 * ☐ G
 * ☐ Non-elected
 * ☐ Interference
 * ☐ Appeal
 * ☐ Objected

Claim	Date	Claim	Date	Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 sheets
 staple additional sheets here
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